

Registrar's No. 327

Primary Registration District No. 6111

(a) State Mo (b) County Scott
(c) City or town Commerce Rural
(If outside city or town limits, write "RURAL")
(d) Street No. Rt.
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country —

Address _____ Date signed _____

(Licensed Embalmer's Statement on Reverse Side)

MAY 18 1943

RECEIVED

District Health Office No. 2,

District File Number 543-607

Date Filed 5-6-43

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by _____, Registered Apprentice No. _____, working under my personal supervision.

Signed

Mamie Beplinghoff

Licensed Embalmer No. 3242

P. O. Address Chaffee Mo

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.